

Frequently Asked Questions and Answers
Early Intervention COVID-19 Policy/Procedures
New – 03/19/20

GENERAL:

- 1) Question: Who should be explaining the new policy for no face-to-face contact to the family.
Answer: The explanation should come from both the Service Coordinator and Providers that this Exception Period is for everyone's safety and follows current guidance from the CDC, Department of Public Health and the Governor of the State of Illinois in an effort to stop the spread of the virus COVID-19.

- 2) Question: What should providers be discussing during these consultation calls?
Answer: Providers should discuss with the family the strategies, activities, routines, and progress/barriers they are working on with their child.

- 3) Question: I didn't get the information to cease face-to-face services; may I still be paid for services?
Answer: It is anticipated that some services occurred on Monday, March 16 prior to seeing the release of the Provider Informational Notice. Services provided after that date are at risk of denial based on non-compliance with state guidance and/or public health orders.

- 4) Question: Are unemployment benefits being offered to EI Providers?
Answer: The Bureau may not be able to answer fully but it is our understanding that EI Providers who are self-employed (meaning not under the umbrella of an employer who is paying into Unemployment for them), are not eligible for Unemployment benefits. If you receive a W-2, it is possible you may qualify to apply for Unemployment. If you receive a 1099 Misc., you are self-employed and are not eligible for Unemployment.

- 5) Question: What will happen to Service Coordinator credentials (or provider credentials) that are up for renewal? Will they still be processed timely?
Answer: Provider Connections are continuing the renewals as they are received. The work of credentialing can be mostly supported remotely so this work will continue. The external pieces of credentialing are not within the control of EI Provider Connections, but they will continue to work closely with Service Coordinators and providers on any issues that arise. The intention is to support all applications and renewals through this crisis.

IFSP DEVELOPMENT AUTHORIZATIONS:

- 6) Question: Are new authorizations needed for consultation time or can we use our existing IFSP development time so far?
Answer: If the authorization was created less than 90 days ago, there is no need for new authorizations. Existing authorizations for IFSP development time are to be used and almost exhausted prior to requesting adjustments. If the authorization was created greater than 90 days ago and is at risk of being exhausted, contact the Service Coordinator as outlined in Question 7 and 8 with information to help inform the need of the new authorization.

- 7) Question: What type of justification would be needed to request additional time above the existing authorized amount?

Answer: As IFSP Development time is conventionally authorized to allow consultation among team members at an average, it is important to know it also has a “total” of time for the IFSP length calculated. If the provider, following the Exception Period practice of teleconferencing families as well as providers routinely, feels the total may be exceeded (i.e. if the child is closer to their annual IFSP end period or aging out AND IFSP development time has been billed routinely throughout the IFSP period) the provider should contact their Service Coordinator to request additional time sufficient to fulfill the IFSP period.

Some good information to help calculate the amount left would be to use these guidelines of two questions to ask:

- How much time have I billed for? And then, how much IFSP time do I have left?
- This can be determined from the original authorization in hand.
 - If the auth is for 1 time per month at 60 min and the IFSP was for about 12 months, this would be 720 or 12 hours over that IFSP period.
 - If I have served the child for 6 months and used the standard amount of IFSP time at 60 minutes per month, I should have about 360 minutes left.
 - Utilizing 30 minutes per week for the next month for a total of 120 minutes, will leave me 240 minutes.

Service Coordinators are not required to increase time unless there is a need. Having all providers inundate the CFCs at this moment would cause unnecessary frustration for everyone. You should be prepared to share, how many minutes you have available for use, how much additional you will need to allow for consultation taking into consideration time to write any necessary reports and the normal provider- to-provider consultation. It is also important to note that while the CFC is able to add the necessary authorizations, due to remote work locations, they may not have access to a printer to create the authorization HSPR0771 report for physical distribution.

Remember that each child is unique and the need for additional time should be determined through the process above and requested as needed.

- 8) Question: My agency bills for my IFSP development time, what should I do in the event that I am unaware how much time is left on my authorization?

Answer: All Payees should review current authorizations to determine if there is a need to request additional time prior to the IFSP Development time being served through the Exception Period process. Following the directions in the answer to Question 7, the amount of remaining IFSP Development time can be determined. The Cornerstone system, nor the Central Billing Office system has any such report available.

- 9) Question: Some disciplines, such as Social Work, are requesting additional time because they believe much may be done over the phone with families. Would this be justifiable to allow more than 15 to 30 minutes?

Answer: Each child and family is unique, so describing any practice should support the needs of the family and should not be limited to any specific discipline or provider type. As outlined in the Exception Policy of March 16, 2020, we recognize that some families may need additional support while others need less. As with any service being billed, appropriate documentation must support the consultation.

DOCUMENTATION:

10) Question: What type of documentation will be needed for this type of consultation?

Answer: Documentation is defined in the Provider Handbook, Chapter 23: Glossary and Abbreviations. The documentation should outline the activities performed (who was on call, what was discussed, next steps, etc) and should be sufficient to support the claim submitted for the amount of time utilized.

ASSOCIATE LEVEL PROVIDERS:

11) Question: For those who supervise Assistants, it is my understanding that Assistants are not allowed to utilize IFSP Development time. How might you suggest Assistants provide consultation services during the no face-to-face rule?

Answer: During the COVID-19 Exception Period, the Bureau is allowing Assistants to perform this telephone consultation using IFSP Development Time. We encourage the supervisor to join as many of these telephone consultations as possible but also want to ensure supervisors attend, at a minimum, one per month to ensure the family is supported properly. The Assistant should document a summary of discussion to share with supervisor. If supervisor also attends, that should be documented as well to support the appropriate billing.

TELEHEALTH:

12) Question: Is tele-health being considered for direct services?

Answer: The option of tele-health is part of a workgroup that has been meeting but currently, there is no approved platform, practice developed or allowed within Early Intervention.

CHILDREN EXITING OR TRANSITIONING:

13) Question: If a child is going to age out before the deadline and we have not completed the evaluations, but have offered other resources, is there anything else we should be doing with these cases?

Answer: Every effort should be made to help support the family but the Exception Period may not allow the complete set of services the child and family would normally receive prior to exiting. Document all efforts and assure family of their options and resources to the maximum extent possible as they follow the EI principles that the family is the primary educator of their child.

14) Question: How will Transition be supported?

Answer: To the maximum extent possible, teleconference should be utilized. OSEP did not provide guidance on any exception to the functions of Transition but clarification has been requested.

15) Question: If there are appointments for Medical Diagnostics or onsite services such as in a clinic-setting, and the family and provider agree, can services still take place face-to-face?

Answer: Services for all EI Services that are face-to-face are to be rescheduled or canceled until further notice. This also includes services provided related to Assistive Technology devices which require face-to-face meeting(s).

SERVICES OUTSIDE OF EARLY INTERVENTION:

16) Question: What if the family asks to pay me for my services privately whether to provide face-to-face or by tele-health, am I allowed?

Answer: The family always has the right to seek services outside of Early Intervention, but it is important to help the family understand the current guidance of the CDC, Department of Public Health and the Governor of the State of Illinois for social distancing to stop the spread of the virus,

as well as the financial and personal health information protections that are within Early Intervention that can't be guaranteed outside of Early Intervention. However, this type of service is not a reimbursable service by the EI Program even after face-to-face services continue. A reminder to the family that any services not delivered under the umbrella of the EI program are not billable to us and cannot be reimbursed by us and would be a direct cost to the family.

ANNUAL IFSPs:

- 17) Question: We have families who have requested their IFSP be extended. Providers are still working on either scheduling evaluations but the IFSP is currently scheduled to expire prior to 4/15/20 (which includes a three-months extension). What is the process to get it extended further?
Answer: On a case-by-case basis, the Service Coordinator should submit a request to the Bureau Data Manager who can approve the Cornerstone team to adjust the IFSP period as needed.

OTHER SERVICE AUTHORIZATIONS:

- 18) Question: Should we be waiting to create authorizations for ear molds and AT requests since these authorizations include face-to-face meetings?
Answer: Per the OSEP guidance for the disruption of services during the COVID-19 crisis, the child, upon resuming services, must be assessed for any needed updates/changes to their services. The need for authorizations should match the need for services upon the resumption of service delivery.
- 19) Question: Due to the lack of sessions, will there be an allowance to complete makeup sessions?
Answer: The policy on Makeup sessions, per the Provider Handbook, may be made up seven days prior or seven days after a missed session. This policy has not changed.

FAMILY PARTICIPATION FEES:

- 20) Question: How will Family Participation Fees be affected since no direct services will be completed for at least one month?
Answer: The Bureau will hold no harm on families affected by COVID-19. Family Fee Credit requests will need to be submitted. More details will follow once services resume.
- 21) Question: Will a new IFSP development time authorization trigger the family fee?
Answer: As described in the CFC Procedure Manual, Chapter 11, Family Participation Fees are triggered in an IFSP with the start of a Direct Service authorization (not IFSP development time).